

**National Library of Medicine
Long Range Plan**

The Education and Training of Health Sciences Librarians



**National Institutes of Health
National Library of Medicine**

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CHARGE TO THE PANEL FROM THE NLM BOARD OF REGENTS

The purpose of the NLM Planning Panel on the Education and Training of Health Sciences Librarians is to analyze the possible programs and activities of the NLM, of individuals, of professional associations, and of other institutions that might be undertaken over the next ten years in order to assure that:

- ▼ Society benefits from the skills of health sciences librarians; and
- ▼ Persons who choose health sciences librarianship will be properly educated and trained, and that they have opportunity to engage in the most important work concerning information and health care.

*Rachael K. Anderson, M.S.
Chair, NLM Board of Regents
May 1993–May 1994*

SUMMARY OF GOALS AND RECOMMENDATIONS

Evolving Roles for the Health Sciences Librarian

Goal 1.1: Prepare for the new forms of information, new users, and new practice patterns that may be required for health sciences librarianship.

- ▼ Health sciences librarians should foster partnerships with other information professionals in their institutions, and expand their roles in health services research and patient-related information.

Goal 1.2: Match the capabilities of health sciences librarians to the needs of employers.

- ▼ Professional organizations should take action, including establishing quantitative and qualitative measures of the value of information services for health care, so that employers know the worth of the services health sciences librarians provide.

Professional Educational Programs for Health Sciences Librarians

Goal 2.1: Update and enhance the curricula of Schools of Library and Information Science.

- ▼ Schools of library and information science should review their curricula and create outside work opportunities for their faculty in health sciences libraries.
- ▼ The MLA and other professional organizations should publicize excellent curricula of schools of library and information science.

Goal 2.2: Explore new approaches and degree programs for preparation of health sciences librarians to assume new roles.

- ▼ Universities and schools of library and information science should develop interdisciplinary educational programs, and promote leadership.

Lifelong Learning Programs for Health Sciences Librarians

Goal 3.1: Foster educational programs enabling health sciences librarians already in the workplace to update and extend their professional education and training.

- ▼ Health sciences librarians should take responsibility for their own professional development.
- ▼ Schools should sponsor continuing education programs.
- ▼ Professional organizations should strengthen their continuing education programs.

Goal 3.2: Experiment with alternative methods and courses of study for adult learning.

- ▼ Universities, schools of library and information science, and professional associations should focus on the special needs of adult learners. NLM should offer assistance.

Broadening Recruitment into Health Sciences Librarianship

Goal 4.1: Attract the best and brightest candidates the current market can provide.

- ▼ Professional organizations and health sciences librarians should be active in recruitment.
- ▼ Schools should mount aggressive recruitment campaigns.

Goal 4.2: Achieve greater cultural and ethnic diversity in the profession.

- ▼ Organizations should make a special commitment to minority recruitment.
- ▼ Schools should ensure a positive academic environment for minority students.

STATEMENT OF ACCEPTANCE OF THE PANEL REPORT BY THE NLM BOARD OF REGENTS

The NLM Board of Regents is privileged to play a role in the development of the National Library of Medicine. With the publication of the Board's Long Range Plan¹ in 1987, and subsequent updates on Outreach,² Electronic Imaging,³ and Toxicology and Environmental Health,⁴ the Board has articulated a challenging vision for the future of NLM, one that strives to be certain that the goals of health care and biomedical research will be furthered by technological advances in computer and information science.

This report lays out a number of opportunities for health sciences librarians, schools of library and information science, professional associations, and the National Library of Medicine to work together to assure that society benefits from the considerable skills and contributions of health sciences librarianship. On behalf of the Board of Regents of the National Library of Medicine, I am pleased to accept this report for incorporation into the Board of Regents' Long Range Plan for the Library.

*H. Kenneth Walker, M.D.
Chair, NLM Board of Regents
May 1994*

STATEMENT BY THE PANEL CHAIR

The NLM Long Range Planning Panel on the Education and Training of Health Sciences Librarians met three times, in September and December 1993 and March 1994. Its membership is listed in Appendix 1: Panel Membership. The Panel considered NLM's role in broadening the educational and training opportunities for medical librarians in order to ensure that they will be prepared to play a critical role in our health care delivery system, which is undergoing dramatic changes.

Foremost among the changes are advances in technology that undoubtedly provide opportunities which did not exist even a decade ago. We now have access to digital networks that can transmit both text and visual images. We have at our command computing power that is able to deal with large amounts of data and provide linkages among sophisticated tertiary medical centers, regional hospitals, and clinics in rural areas.

In order to understand how health sciences librarians will function in the future, we have to make some predictions about how the health care delivery system will operate. It is my personal opinion that the following major changes are likely to occur:

- ▼ Hospitals, per se, will lose their preeminent role and will be replaced by regional health networks that will integrate outpatient, inpatient, rehabilitation, and home care and incorporate programs aimed at educating patients and their families about the nature of the illness they are dealing with.
- ▼ Even without health care reform legislation, the number of hospitals in the tertiary care system will be reduced and the ones that survive will be allied with a host of community hospitals located both in the city and in the surrounding suburban and rural areas, forming regional networks.
- ▼ The surviving tertiary health care systems with their regional alliances will assume responsibility for training physicians and other health professionals.
- ▼ There is at least a chance that some of the VA medical centers currently providing sophisticated tertiary care will be integrated with academic medical centers or teaching hospitals.
- ▼ Health care alliances formed around major academic medical centers will likely be entrusted with the responsibility of developing practice guidelines, setting up registries, and conducting broadly-based controlled clinical trials. As we become more realistic about what effective research can accomplish, priorities will probably change. Practice guidelines based on consensus conferences will likely be the first step, followed by development of registries, which, in turn, will identify diagnostic approaches or treatments which can be evaluated only by controlled clinical trials. Data from the clinical trials in turn will further modify practice guidelines.
- ▼ As managed care expands, primary care physicians and, perhaps later, nurse practitioners, will have a growing role in determining whether or not patients are eligible for specialty care or hospitalization. Given the accelerated growth of biomedical knowledge, however, the responsibilities given to primary care gatekeepers are likely to change. Specialists such as cardiologists, endocrinologists, and hematologists will become the logical choices to provide primary care to patients suffering from

such chronic illnesses as coronary artery disease, diabetes, or sickle cell anemia simply because they are the most capable of coping with new information. The third phase would be the replacement of primary care physicians by other primary care givers such as nurse practitioners, because the exploding knowledge base will make it impossible for physicians to operate competently as generalists.

- ▼ Outcome measures in the immediate future will no longer be restricted to morbidity or mortality but will include measures to determine to what extent a person, after receiving treatment, is capable of returning to the level of functioning which he or she was capable of prior to becoming ill.
- ▼ Lifestyle changes (such as low fat diets, smoking cessation, and exercise), together with other public health measures including improved housing and nutrition, will be supplemented by new tests and procedures derived from molecular biology and genetics that allow us to identify who is at risk for what kind of disorder early in life. Such testing will lead to novel experiments aimed at preventing, or at least substantially retarding, the onset of the disorder in question.

In order that students and practicing health sciences librarians acquire the knowledge and skills necessary to prepare them for leadership roles in the application of currently emerging information technologies to health care, graduate schools of library and information science, professional associations, health sciences librarians, and the National Library of Medicine must work together. I wish to thank the members of the panel who gave generously of their time and talent, Dr. Donald A.B. Lindberg, the Director of the National Library of Medicine, Dr. Elliot Siegel, Associate Director for Health Information Programs Development, Ms. Susan Buyer, Panel Executive Secretary, and the capable NLM staff who assisted us throughout our work.

*Thomas Detre, M.D.
Chair, NLM Planning Panel
on the Education and Training of
Health Sciences Librarians
September 15, 1994*